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### PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09183189

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CLAIMS AS FILED - PART I (Column 1) (Column 2)						MALL TYPE	ENTITY	OR		R THAN ENTITY		
FOR		NUMBE	ER FILED		NUMBER EXTRA		R.	ATE	FEE		RATE	FEE
BASI	C FEE	200							395.00	OR		790.00
TOTA	L CLAIMS	15	minus	20 =	139		x\$	11=		OR	x\$22=	3058
	PENDENT CLA			ıs 3 =	· •		X4	11=		OR	x82=	492
MULTIPLE DEPENDENT CLAIM PRESENT						+1	35=		OR	+270=	270	
* If the difference in column 1 is less than zero, enter "0" in column 2							/ то	OTAL		OR	TOTAL	4010
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)				OR	OTHER THAN R SMALL ENTITY		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	14. <b>3</b> . 4.	NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 26	Minus	**	159	=	<b>x</b> \$	11=	•	OR	x\$22=	
\ME	Independent	· 7	Minus	***	9	= /	X4	11=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					AIM	+1	35=		OR	+270=	
	(Column 1) (Column 2) (Column 3)			(Column 3)	TOTAL ADDIT. FEE OR A			TOTAL ADDIT. FEE				
ENTR		CLAIMS REMAINING AFTER AMENDMENT		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	. 26	Minus	** /	59	=	x\$	11=		OR	x\$22=	
AMEN	Independent	* 8	Minus	***	9	=	X <sup>2</sup>	11=		OR	x82=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+1	35=		OR	+270=		
(Column 1) (Column 2) (Column 2)						(Column 3)		OTAL r. fee		OR	TOTAL ADDIT, FEE	
	A self-described the sign 4.6	(Column 1)	na katalog sa katalog a	<del>`</del>	olumn 2)	(Column 3)				1		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	x\$	11=		OR	x\$22=	
	Independent	*	Minus	***		=	X	11=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	35=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## Inis Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _	09183189
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			Total Fee	Calculation	n .			
	•	Fee Code	Total # Claims	Number Extra X	Fee	Fee	=	Total
		Sm./Lg.			Sm. Entity	Lg. Entity		
	Basic Filing Fee	201/101			<del></del>	190	=	190
	Total Claims >20	203/103		<i>139</i> x		22	==	3058
	Independent Claims >3	202/102	<u>9</u> -3 =	<u>6</u> x		82	=	492
	Mult. Dep Claim Present	204/104				270	_	270
	Surcharge	205/105				130	_	13()
	English Translation	139					=	
	TOTAL FEE CALCULA	ATION					•	4740
	Fees due upon filing t	he application:						
	Total Filing Fees Due	= \$	4140					
	Less Filing Fees Subm	nitted - \$	0					بر
V	BALANCE DUE	- = \$	4740					
	Office of Initial Patent	Examination						

Figurë 7

FORM OIPE-RAM-01 (Rev. 12/97)